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APPLICANTS

James Jannard, Eastsound, WA;  
Davin Saderholm, Mission Viejo, CA;  
Carlos Reyes, Rancho Santa Margarita, CA; Colin Baden, Irvine, CA;  
Samner Lane Bruns, Annapolis, MD;  
Michael Webb, Lake Forest, CA;  
Eric Bernard Daniels, Dana Point, CA;

\*\* CONTINUING DATA \*\*\*\*\*  
This appln claims benefit of 60/399,317 07/26/2002  
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HD

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
HD None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>HD</u> Initials	STATE OR COUNTRY WA	SHEETS DRAWING 28	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 7
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ADDRESS  
20995  
KNOBBE MARTENS OLSON & BEAR LLP  
2040 MAIN STREET  
FOURTEENTH FLOOR  
IRVINE, CA  
92614

TITLE  
Eyeglass with MP3 player

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT _____	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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